Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-28-08</u>	Address:	<u>2465 N CR 650W</u>
Case #:	<u>34F34511</u>		Richland City, IN
County:	Spencer		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open – No Structure Other:
Corros	nd: Location (bedroom, kitchen, open at hat apply) n/Ammonia Reaction(s): tosphorous/lodine Reaction(s): able Solvents: Open Reactive Metal (Lithium): Open rous Ammonia: chloric Acid Gas Generator(s): ive Base: (item and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agent			
Health De	rtment: Luce Twsp spartment: Spencer Co tection Service: Spencer Co or information regarding this methamp	Fax: Fax: <u>812-</u> Fax: <u>812-</u> hetamine laboratory,	<u>649-5839</u>
Investigating Officer: <u>David Hall</u> Phone <u>812-649-2286</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.